Effective October 1, 2000

**Application or Docket Number** 

B2C0-0001

CLAIMS AS FILED - PART							SMALL ENTITY		OTHER THAN		
TC	TAL CLAIMO	····	(Column 1)		(Column 2)		TYPE E	TYPE 🔀		OR SMALL ENT	
TOTAL CLAIMS			25				RATE	FEE	]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	· 710.00
TOTAL CHARGEABLE CLAIMS			25 minus 20=		• 5		X\$ 9=	45	OR	X\$18=	
INDEPENDENT CLAIMS			<i>3</i> minus 3 =		. 0		X40=	<u> </u>	ÖR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2	TOTAL	400	OR	TOTAL	
•	· · C	LAIMS AS A	MENDED - PART II							OTHER	THAN
		(Column 1)	(Colum			(Column 3)	Column 3) SMALL E		OR	SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	· · · · · · · · · · · · · · · · · · ·	=	X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT	CLAIM	الــــــــــــــــــــــــــــــــــــ	+135=		OR	+270=	
							TOTAL			TOTAL	
							ADDIT. FEE		OR,	ADDIT. FEE	
_	· · ·	(Column 1) CLAIMS	1	(Colur		(Column 3)					•
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	•
	Independent	*	Minus	***		= -	X40=		OR	X80=	
	FIRST PRESE	NTATION OF MI	JUITE DEF	ENDENT	CLAIM		+135=		OR	+270=	
							TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIC PAID	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	X40=			X80=	
⋖	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT	CLAIM		740=		OR	700=	· · · · · · · · · · · · · · · · · · ·
* If the entry in column 1 is less than the entry in column 2 write "A" in column 2									OR	+270=	
**	If the "Highest Nu	mn T is less than to mber Previously Po imber Previously P	aid For" IN THI	S SPACE i	s less tha	n 20, enter "20."	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		nber Previously Pa					ound in the ann	ropriate box	in col	umn 1.	